

**COMBINED AMENDMENT & PETITION FOR EXTENSION OF
TIME UNDER 37 CFR 1.136(a) (Large Entity)**

Docket No.
99-009 (RH2-0011)

In Re Application Of: **Richard H. Weese et al.**

Serial No.
09/520,249

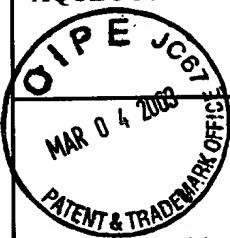
Filing Date

Examiner
Paul R. Michl

Group Art Unit
1714

Invention:

AQUEOUS ADDITIVE SYSTEMS FOR POLYMERIC MATRICES



TO THE ASSISTANT COMMISSIONER FOR PATENTS:

This is a combined amendment and petition under the provisions of 37 CFR 1.136(a) to extend the period for filing a response to the Office Action of June 18, 2002 in the above-identified application.

The requested extension is as follows (check time period desired):

One month Two months Three months Four months Five months

from: October 18, 2002 Date until: December 18, 2002 Date

The fee for the amendment and extension of time has been calculated as shown below:

CLAIMS AS AMENDED

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	6 -	31 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	1 -	4 =	0	x \$84.00	\$0.00
FEE FOR AMENDMENT					\$0.00
FEE FOR EXTENSION OF TIME					\$930.00
TOTAL FEE FOR AMENDMENT AND EXTENSION OF TIME					\$930.00

03/05/2003 AWONDAE1 00000044 181850 09520249

02 FC:1253 930.00 CH

Adjustment date: 03/25/2003 AKELLEY
03/05/2003 AWOMDAF1 00000044 181850 09520249
02 FC:1253 930.00 CR

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OFFICE OF PETITIONS

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 3/24/03

2 Serial/Patent # 09/520,249

3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
<input checked="" type="checkbox"/>	Extension of Time		<u>3/4/03</u>	\$ 930.							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND	\$ 930.								
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:								
	Duplicate Payment	<input checked="" type="checkbox"/>	9 <table border="1"><tr><td>1</td><td>8</td><td>--</td><td>1</td><td>0</td><td>5</td><td>0</td></tr></table>		1	8	--	1	0	5	0
1	8	--	1	0	5	0					
No Fee Due (Explanation):											
<p>Extension filed after maximum extendable period for reply.</p>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Juliee Bond</u>		TITLE: <u>RJ</u>									
SIGNATURE: <u>Juliee Bond</u>		PHONE: <u>3086911</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Juliee Bond</u>		DATE: <u>3/25/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B

**INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS
[FORM NUMBER PTO-1577]**

Fill out the form completely, and print or type all information.

1. **DATE OF REQUEST:** Enter the date you fill out the form.
2. **SERIAL/PATENT #:** Enter the Serial or Patent Number.
3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other" and print or type the fee type on the following blank line.
4. **PAPER NUMBER:** Enter the **PAPER NUMBER** of the document for which a refund is requested. [**PAPER NUMBER** refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
5. **DATE FILED:** Enter the Mailroom Date of the document for which a refund is requested.
6. **AMOUNT:** Enter the dollar amount of the refund.
7. **TOTAL AMOUNT OF REFUND:** Add the dollar amounts in the column labeled **AMOUNT** and enter the total in the box.
8. **TO BE REFUNDED BY:** Enter a check mark or an X in the box preceding **TREASURY CHECK OR CREDIT DEPOSIT A/C #** to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the **FEES ACCOUNTABILITY STAMP** with the amount of the refund circled.
9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
10. **REASON:** Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
11. **REFUND REQUESTED BY:** Only PTO personnel formally authorized to request refunds should enter their **NAME**, **TITLE**, **PHONE NUMBER**, **OFFICE** and **SIGNATURE** on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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